Access to care and dental providers
Minnesota Initiatives
Leon Assael  DMD CMM, Dean

April 10. 2015

University of Minnesota
School of Dentistry
Driven to Discover™
What is the status of oral health in America? David Satcher MD

A “silent epidemic” of dental and oral diseases is affecting some population groups.

This burden of disease restricts activities in school, work, and home, ... Those who suffer the worst oral health are found among the poor, ... with poor children and poor older Americans particularly vulnerable.

Members of racial and ethnic minority groups also experience a disproportionate level of oral health problems. Individuals who are medically compromised or who have disabilities are at greater risk ...
Some of the Burden of Oral Disease in US

- Dental caries: >50% of preschoolers and 280 million Americans
- 18 million toothaches in children last year
- Periodontal disease: active in >50%
- Oral cancer: 30,000 new cases per year with 40% five year survival
- Cleft lip and palate: 1/600 births
- Temporomandibular disorders: 30-40% of adult population
Dental Disease Associated with Systemic Diseases

- Premature low birth weight babies
- Myocardial infarction
- Senile dementia
- Stroke
Tooth decay in children

- Diet
- Hygiene
- Exposure to pathogens
- Fluoride dose
- Vitamin D dose
- Aluminum and heavy metal exp.
Dental disease

ACCESS: A child with commercial dental insurance has 5 times the number of visits as the child on public assistance.

WORKFORCE: Rural and inner city crisis.

ECONOMY: 120 billion dollars a year.

PEOPLE: 85 dollars/ Diamante Driver.
Economic model does not support good oral health

- Perversity of increased disease and decreased demand: 54% to 36%
- Unsustainable economic model for dental practice for both dentist and patient
- No real private dental insurance: prepaid care, not insurance unless public or union
- Solo practice model > 80%
- 2% in interprofessional practice
Figure 1. Percentage of the population with a dental visit in the past 12 months. Source: Nasseh and Vujicic.²
The Minnesota Story

- Status quo in Minnesota: .44 visits, assisted living, no access for public pay
- Interprofessional Education
- Intraprofessional Education: side by side education to the same standard
- The Accountable Care Organizations
- The triple aim
Building Bridges to a Dental Career

A multi-dimensional program funded by the Health Resources and Services Administration (HRSA) consisting of the

- Saturday Academy (for middle and high school students),
- Summer Dental School Experience (for college students),
- Post-baccalaureate program,
- Pre-matriculation program for disadvantaged students entering dental school.
Summer Dental Experience
(for students from under-represented communities)

20 college students
Understand dental profession
Learn about applying to dental school
Develop a coursework plan
Early Decision Rural Dentistry Track

This program recruits college students from rural communities who have demonstrated a strong interest in dentistry and in practice in rural areas.
National Dental Pipeline Program

Funded by the Robert Wood Johnson Foundation and in collaboration with the Brian Coyle Community Center, this program focuses on culture specific recruitment of Somali high school youths in the Cedar Riverside neighborhoods. Fifteen Somali high school students (13 males and 2 females)
Two Somali and African American Graduates after speaking at an East African community event.
Michael Brooks demonstrating to high school students
Somali students in the Building Bridges-Saturday Academy Program
Outcomes

20% ethnically diverse students including substantial students of East African origin
31 students from rural communities
7 current Native Americans
6 Hispanic students in class of 2017
Address the need: Access to Care
Initiatives (current)

- Community-based service learning
  - Graduation requirements: 12 weeks outreach exp.
  - Students staff clinics in underserved communities
    - 10 outreach sites
    - 2 externships to-come
  - More likely to consider practice in underserved areas after graduation.
Outreach rotations

Cass Lake Hospital  (West of Bemidji)
Community University Health Care Center  (2001 Bloomington Ave. S., Mpls.)
Hibbing Community College Dental Clinic
Min-No-Aya-Win Health Center  (Cloquet)
Mobile Dental Unit  (travels the state)
Native American Community Clinic
Red Lake Hospital  (North of Bemidji)
Rice Regional Dental Clinic  (Willmar)
Prairie Winds, SD
White Earth Health Center  (North of Detroit Lakes)
Oral Rural Health Program

Identify and admit students to a customized program with the goal of producing an oral health workforce for rural Minnesota.

The curriculum will specifically address the special nature of the rural practice environment.

The recruitment and retention of rural oral health professionals well prepared for rural practice is the goal of the program.
Dental Therapy

- A new more robust dental team member
- A cost effective means to treat dental diseases
- Addresses needs of children, elderly, special needs, and economically disadvantaged
Dental Therapist

A mid-level dental practitioner who works under the supervision of a licensed dentist. A member of the oral health care team who is educated to provide evaluative, preventive, restorative, and minor surgical dental care within their scope of practice.
Can/will dental therapy make a healthier society at lower cost and with a better patient experience?
Todays Minnesota DDS/DT Team in action

- Private practice
- Public health
- Rural/urban
- FQHC
- Hennepin County Medical Center
- Native American health center
- Elder care
- Pediatric dental services
In May 2009, MN became first state in the country to authorize the practice of DTs. These individuals work under the supervision of a MN licensed dentist. DTs are limited in where they can practice.
Legislation Enacted 2009

- DTs are complementary to Dentists
- DTs provide care under a Dentist’s supervision
- DTs work under a written collaborative management agreement with a MN licensed dentist
Scope of Practice

- Basic preventive services
- Palliative procedures
- Limited restorative procedures
- Extractions of primary teeth
Minnesota dental therapists are limited to primarily practicing in:

- settings that serve low-income, uninsured, and underserved patients;

or

- a dental health professional shortage area
U of M Master of Dental Therapy Program (MDT)

- U of M program graduates are eligible for Dental Therapy licensure and certification in Advanced Dental Therapy

* ADT certification eligibility begins in 2015
Early Impacts of Dental Therapists in Minnesota

Minnesota Department of Health
Minnesota Board of Dentistry
Report to the Minnesota Legislature 2014

February 2014
Dental Therapists in Action

Current employer types* include:

- Non-Profit Community Clinics (15)
- Private Practices (11)
- Federally Qualified Healthcare Centers (9)
- Others (Large Groups/Educational) (7)
- Hospital Owned Clinics (2)

*Est as of July 2014
Dental Therapy Employment Sites by County

19 different counties!
Dental Therapists in Action

Current Practice Locations*
(All DT Grads)

* Est as of July
Hennepin County Medical Center

- Metro area; Level one adult and pediatric hospital
- DT primarily sees kids and pregnant women (2 DTs)

“At [HCMC], the dental therapist has a chair in the Obstetrics department and treats pregnant women who would have been sent to the emergency room for care.”
Organized Dentistry’s opposition to dental therapy

Is dental therapy good for dentists? YES!
- Higher job satisfaction
- Higher income
- Total retention of DT in practices that have dental therapists
Dental Therapy in Minnesota Resources

**Dental Therapy Employer Guide:**
http://www.mchoralhealth.org/mn/dental-therapy/

**Minnesota Board of Dentistry:**

**University of Minnesota School of Dentistry:**
http://dentistry.umn.edu/programs-admissions/ dental-therapy/index.htm

**Metropolitan State University:**
http://www.metrostate.edu/msweb/explore/catalog/grad/index.cfm?lvl=G&section=1&page_name=master_science_advanced_dental_therapy.html
One Dean’s recommendations for federal legislation

- Outcomes (not procedure) based payment system for dentistry
- Include dentistry including workforce projects in a meaningful way in the ACA
- Add dentistry to Medicare
- Support inter-professional education and collaborative practice initiatives
- Address oral health workforce issues to include building the oral health team